

*Magnolia Reviews of Texas, LLC*

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**[Date notice sent to all parties]:**

**06/22/2016**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

**Additional Work Conditioning x 10 units -30 units**

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient has right shoulder weakness that has responded to work conditioning. She had a right shoulder injury that was surgically repaired. On her last examination by the surgeon on XX/XX/XX, she had full range of motion in the shoulder with weakness. The functional capacity evaluation subsequently found that she could function at the light-medium PDL compared to her job-required heavy PDL. She had documented progress with the first 30 hours of work conditioning and the doctor requested additional treatment

The ODG requirements for work conditioning include a trial of 10 visits with demonstrated progress. The functional capacity evaluation that has been performed notes that she had made progress with initial goals, and that she had been compliant.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The ODG requirements for work conditioning include a trial of 10 visits with demonstrated progress. The functional capacity evaluation that has been performed notes that she had made progress with initial goals, and that she had been compliant.

She meets the requirements as specified by ODG for continuation of the work conditioning program and the request is certified.

**IRO REVIEWER REPORT TEMPLATE -WC**

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**ODG chapter on work conditioning**

**14) Trial: Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress.**

**19) Program timelines: These approaches are highly variable in intensity, frequency and duration. APTA, AOTA and utilization guidelines for individual jurisdictions may be inconsistent. In general, the recommendations for use of such programs will fall within the following ranges: These approaches are necessarily intensive with highly variable treatment days ranging from 4-8 hours with treatment ranging from 3-5 visits per week. The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours (allowing for part-day sessions if required by part-time work, etc., over a longer number of weeks). A reassessment after 1-2 weeks should be made to determine whether completion of the chosen approach is appropriate, or whether treatment of greater intensity is required.**